



# CG-NPAF NON-MEMBER PARTICIPATION APPROVAL FORM

State Form 00000

INDIANA GAMING COMMISSION

**For Official Use Only**

Date received \_\_\_\_\_

Reviewed by \_\_\_\_\_

Data reviewed \_\_\_\_\_

Date approved \_\_\_\_\_

**Name of qualified organization holding the licensed event** *(As appears on CG-QA Qualification Application)*

Address

City

State

Zip Code

County

Type of allowable event

License # (if approved)

Event Date

\_\_\_\_\_  
Presiding Officer's Signature (officer of organization holding event)    Officer's Printed Name & Title

\_\_\_\_\_  
Date

**Full Legal Name of individual (non-member) wishing to participate in the above mentioned event** *(Type or Print)*

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Date

Date of Birth

\_\_\_\_\_  
Driver's License # or State Identification #

**Name of qualified organization where individual is currently a member** *(As appears on CG-QA Qualification Application)*

\_\_\_\_\_  
Presiding Officer's Signature (Of participant's organization)    Officer's Printed Name & Title

\_\_\_\_\_  
Date

Will proceeds from the allowable event be shared with non-members' qualified organization?    ☐ Yes    ☐ No

If yes, list amount of proceeds from the allowable event to be distributed to non-members' qualified organization?

\_\_\_\_\_

## For Commission Use Only

This form is not valid unless signed and stamped by the Commission

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